(22%) episodes. Unadjusted mean TTAD in days on initial therapy measured across all episode types was 172 for TAP and risperidone; 177 for olanzapine; 180 for antidepressants; 196 for mood stabilizers; 202 for quetiapine; 206 for aripiprazole; and 213 for ziprasidone. We estimated that TTAD on initial therapy was shorter for AAP patients restarting therapy relative to TAP patients (range +2 to −33 days), but generally longer for AAP patients switching therapies (range −14 to +27 days). Three AAPs displayed significantly longer TTAD in augmentation: +23 days for quetiapine ($p < 0.05$); +43 days for aripiprazole ($p < 0.0001$) and +56 days for ziprasidone ($p < 0.0001$). **CONCLUSION:** In a commercially-insured population, AAPs are associated with longer TTAD than TAPs in augmentation therapy.

PMH55

MEDICATION COMPLIANCE IN THOSE WITH SCHIZOPHRENIA RECEIVING PSYCHIATRIC SERVICES FROM A VETERANS HOSPITAL IN TAIWAN

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OBJECTIVE: Medication complication is one of the important determinants in schizophrenia treatment outcomes, as it has been found that approximately two thirds of those with schizophrenia are readmitted to hospitals due to partial or non- compliance. This study aimed to investigate medication compliance in those with schizophrenia, and examine factors associated with their compliance. **METHODS:** Subjects who had ever received any outpatient antipsychotic therapy (amisulpride, risperidone, olanzapine, quetiapine, ziprasidone, haloperidol, or sulpiride) from the Yuli Veterans Hospital, Taiwan, during August and November 2006 were identified from medical chart review. The selected subjects were surveyed on information such as their medication compliance, sociodemographics, treatment-related side effects, perceived social support, and perceived treatment-related benefits. Their physicians were surveyed for their medication compliance, and clinical characteristics such as CGI and comorbidities. Chi-square test and logistic regression model were adopted to evaluate associations of characteristics with the medication compliance. **RESULTS:** Of the 81 subjects surveyed, 41 (51%) had 100% self-reported medication compliance confirmed by their physicians. The average age was 41, and 64% of the sample was male. Age, education level, and work were significantly associated with different medication compliance. The regression result showed that more than nine years of education and work were significantly associated with an increased likelihood of 100% medication compliance. **CONCLUSION:** According to our preliminary findings, higher education level and work were associated with 100% medication compliance. This study selected those who had ever received certain first-generation and second-generation antipsychotics. However, second-generation antipsychotics were not found to be associated with 100% medication compliance.

PMH56

THE IMPACT OF DULOXETINE, VENLAFAXINE AND ESCITALOPRAM USE AND PRESCRIPTION COPAYS ON MEDICATION PERSISTENCE, HEDIS MEASURES AND EXPENDITURES

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OBJECTIVE: To examine the impact of duloxetine, venlafaxine and escitalopram use and associated copays on medication persistence, HEDIS standards for depression, medical utilization and health care costs. **METHODS:** Medical and pharmacy claims data were used to develop a sample of adult users with: a) minimum two claims for duloxetine, escitalopram or venlafaxine XR; b) maximum 120 days between the index (initial)and last claim for a target drug; and c) minimum of 6 months enrollment following the index claim. Propensity analysis was used to match individuals in each drug group based on age, gender, risk adjuster, and disease severity. Multiple regression was used to examine the impact of anti-depressant use and prescription copays on the change in days supply (persistence), likelihood of meeting HEDIS standards, total pharmacy and medical expenditures, and medical utilization. **RESULTS:** Over a 6-month period, a $10 increase in prescription copay resulted in a one day decrease in persistence for duloxetine users and a half day increase in persistence for venlafaxine users compared to escitalopram users. Increase in prescription copay was associated with greater likelihood of meeting HEDIS standards for all drug therapy groups. Venlafaxine users were 1.06 times more likely to meet HEDIS standards than escitalopram users. A $10 increase in prescription copay increased pharmacy costs by $12 per member for duloxetine users and $15 per member for venlafaxine users compared to escitalopram users. A $10 increase in prescription copay decreased total health care costs by $4.30 per member. Increased prescription copay resulted in non-significant reductions in the utilization of inpatient admissions, ER and outpatient visits. **CONCLUSION:** Higher prescription copays reduced persistence and pharmacy expenditures for antidepressant users. Smaller decreases in health care expenditures were also seen. Health plan decision makers should consider the impact of prescription copays on patient behavior and all components of health care expenditures.

PMH57

MEDICATION PERSISTENCE AND ASSOCIATED HEALTH CARE COSTS IN AN OLDER POPULATION WITH DEMENTIA: A LONGITUDINAL COHORT STUDY

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OBJECTIVE: We examined the relationship between self-reported health status data, subsequent cholinesterase inhibitor medication adherence and health care service use in older adults with dementia in a managed care setting. **METHODS:** This was a longitudinal cohort study of older adults in the southeastern USA with dementia who completed a health status assessment, used cholinesterase medications and were enrolled in an HMO continuously for one year after start of cholinesterase medications for dementia. Demographic, clinical and use related economic variables were also retrieved from the administrative claims data of patient HMOs. Prescription refills were used to measure medication persistence using a proportional hazards model. Associations were examined with a sequential, mixed model regression approach. **RESULTS:** A total of 116 patients were included. The overall persistence rate in this population was 58.7% and 81% of the study population had a persistence rate of 80% or higher. After controlling for other confounding variables, persistence (of 80% and higher) to cholinesterase therapy remained the strongest predictor of decreased total annual health care costs ($p < 0.05$). Other factors independently associated with increased costs included increased comorbidity severity, poor general health status, and increased number of prescription medications (all $p < 0.05$). **CONCLUSION:** We found strong associations between decreased cholinesterase medication persis-